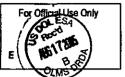
US Department of Labor
Office of Labor-Management
Standards
Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 88-257 as amended Falture to comply may result in criminal prosecution fines or civil penalties as provided by 29 U.S.C. 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 9734		2. Fiscal Year Covered From
		1 / 1 / 04 Through 12 / 31 / 04
3 Name and address of person filing		4 Name file number and address of labor organization.
Name	Lorraine Laurino	Name Teamsters Local 182
		Labor Organization File Number 013-876
PO Box, Bldg Room No If any		P O Box Building and Room Number if any
Street	81 Emerson Avenue	Street 5 Rutger Park
City	Utica	City Utica
State	New York ZIP Code + 4	13501 State New York ZIP Code +4 13501
5 Position in	ı labor organization	
	Recording Secretary and C	Chief Steward
	(except as spe	you or your spouse or minor child directly or indirectly had any of the following interests perfiled in the exclusions set forth in the instructions)
monetary y	ralue from an employer whose employees	your organization represents or is actively seeking to represent.
6 Name and	d address of Employer (including trade name if any	7 a. Nature of Interest, Transaction or Income.
Name		
Trade Name if any		
P O Box, Bidg Room No if any		
		7 b Amount.
Street		0
		4

Signature

ZIP Code + 4

	Signature	
15 Signature and verification. The undersigned declares, under submitted in this report (including the information contained in any undersigned's knowledge and belief true correct, and complete	accompanying documents) has been ex	cammed by the signatory and is, to the best of the
Signed	On 8/11/04	(315) 724-3111
	Date	Telephone Number

State

Name of Person Filing Lorraine Laurino	File Number U					
B Held an interest in or derived inconfe or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested						
8. Name and address of Business (including trade name, if any)	9 Business deals with					
Name						
Trade Name if any	a Labor Organization					
PO Box Bldg Room No If any	b Trust c Employer					
Street						
City						
State ZIP Code + 4	-					
10 If 9 b or 9 c. is checked give trust or employer's name	11 a Nature of such dealing					
Name						
Trade Name if any						
PO Box, Bldg. Room No. if any						
Street	11 b Approximate dollar value of such dealing \$0					
City	12 a Nature of interest held or income received					
State ZIP Code + 4						
	12 b Amount 0					
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value						
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment.					
Name						

14 b Amount of payment.

-- 0 --

Trade Name if any

Street

City

State

PO Box Bldg Room No If any

13 b Is the Business an Employer

ZIP Code + 4

or Consultant

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